INDUSTRIAL DISCHARGE QUESTIONNAIRE

New Business Form \Box Renewal Form \Box

Name of Business				
Property Address (street, city, zip)				
Mailing Address (street, city, zip)				
Company Official (name)				
ompany Official (title) (phone #)				
Facility is: Owned ☐ Leased ☐ Home Business ☐	Other			
1. Brief description of business, products produced, so				
2. Standard Industrial Classification Code (SIC) (<u>)</u> [if known]		
3. Average Number of Employees: Day	Afternoon	Night	Total	
4. Check Types of Wastewater Discharges				
Sanitary wastes (rest rooms) ☐ Non-contact Cooli	ing Water □ Contact Co	ooling Water 🗆 Equipment	: Wash Down □ Boiler Blowdown □	
Process Wastes (List Types)				
Other discharges				
5. List Expected Daily Water Use (Gallons Per Day)				
6. Are any of your process discharges regulated by Fe	ederal Categorical Dischar	rge Standards? Yes □ No		
If yes, list Standards: (Code of Federal Regulation	as)			
7. Will chemicals be used or stored on site? Yes \Box	No 🗆			
If yes, list chemicals that will be on site in quantitie		the back of this form		
	_	the back of this form.		
8. Will hazardous waste be generated at this facility?	Yes □ No □			
If yes, list types on the back of this form.				
I have personally examined and am familiar with the individuals immediately responsible for obtaining the submitted information is true, accurate, and complete possibility of fines and imprisonment.	information reported her	ein, I believe that the inform	ation reported herein, I believe that the	
Signature		Date		
Classification	(CENTRAL VALLEY U	· ·	d Intercentor Deguired Ves No	
Reviewed by (MEC)				
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Reviewed by (CVS)		Date Date		

/kv/Jan 2001

CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD